



State of Washington
Application for a Water Right Permit

SURFACE WATER GROUND WATER
Permanent Temporary Short Term

A8:50

Follow the attached instructions. Attach additional sheets as necessary.

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Email Address (optional): Contact Name (if different from above): STEVEN P. MORTA, P.E. (360)287.0958 Relationship to Applicant: CONSULTING CIVIL ENGINEER FOR AFA Address: City: A SEER DEEN State: State: Section 2. STATEMENT OF INTENT Sriefly describe the purpose of your proposed project: PROVIDE MATER F EXISTING ZO UNIT MOTEL WITH AN EXISTING RIGHT CLAIM AND FOR ANADAL ZO UNIT CONTINUE Anticipated length of time to complete your project: Purpose(s) of Use Rate (check one box only) Chibic Feet per Second (CFS) Polybic Feet per Second) G I			GY MUST ACCO				
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Email Address (optional): Contact Name (if different from above): STEVEN P. MORTA, P.E. (360)289.0958 Relationship to Applicant: CONSULTING CIVIL ENGINEER FOR AFA Address: OID EAST WISHIKAH ST. City: A BEER DEEN State: WA Zip. 980 City: A BEER DEEN State: WA Zip. 985 Email Address (optional): Section 2. STATEMENT OF INTENT Sriefly describe the purpose of your proposed project: PROVIDE MATER RESTING RIEFLY CLAIM AND FOR AN ADDY. ZO UNIT CONTINUED CONTINUED CONTINUED (Continuously or State) Purpose(s) of Use Rate (check one box only) Chibic Feet per Second (CFS) Continuously or State (Continuously or State) EXISTING ZO UNIT MOTEL Rate (check one box only) Couling Feet per Second (CFS) Continuously or State (Continuously or State) EXISTING ZO UNIT MOTEL ZIO GPM ZI CONTINUOUSLY CONTINUOUSLY CONTINUOUSLY (Continuously or State) Continuously or State (Less than four months and non-recurring)? YES TOTAL: ### Water Use State: WA Zip. 980 Continuously or State Contin								Address:
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Attach a map of your project showing the point of diversion/withdrawal and place of use. If platted property, be sure to include a complete copy of the plat map.



Calculate the acreage in which you have a controlling interest, including only:

• Acreage irrigated under water rights acquired after December 8, 1977,

• Acreage proposed to be irrigated under this application, and

• Acreage proposed to be irrigated under other pending application(s).

Is the combined acreage under existing rights greater than 6000 acres? YES NO	
Do you have a controlling interest in a Family Farm Development Permit? YES NO	
If yes, enter Permit No:	
Section 8. OTHER WATER USES	
Hydropower (NOT APPLICABLE)	
Indicate total feet of head and proposed capacity in kilowatts:	
Describe works:	
Indicate all uses to which power is to be applied:	
FERC License No:	
Mining/Frdustrial Fice	
Mining/Industrial Use Describe use, method of supplying and utilizing water:	
Other Use	
	STATE OF THE PARTY
S-4 O WATER STORAGE	
Section 9. WATER STORAGE	
Will you be using a dam, dike, or other structure to retain or store water? YES WNO	
Are you proposing to store more than 10 acre-feet of water? TYES YES	
Will the water depth be 10 feet or more? YES NO	
If you answered yes to any of the above questions, please describe:	
NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepe and some portion of the storage will be above grade, you must also complete an Application for Permit to Construct a	st point
Reservoir and a Dam Construction Permit and Application.	
Section 10. DRIVING DIRECTIONS	
Provide detailed driving directions to the project site: TAKE EXIT 104 OFF OF	7.5
GO THROUGH ABERDEEN AND HOQUIAM FOLLOW C	,
SHORES ON SR 109, STAY ON SR 109, TAKE	
APPROXIMATELY 6 MILES PAST OCEAN SHORE	
ACROSS THE STREET FROM THE SHERICE'S OFF	
4	
Site Address: AND MEDICAL FACILITY SITE ADDR: 3009 SR 109 COPA	115
그런 경기도 있다면 그 사람들은 사람들은 사람들이 가지 않는데 그렇게 되었다. 그런 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다.	
BEACH, WA	

Describe your proposed water system (include type and size of devices used to divert or withdraw water from Currently a I ho water pump (will Verify) draws water from the North well and fills a 1000 eallon pressure tank that then arouides water to the existing 20 motel units. A similar system is planned for the proposed additional 20 Condominium units on the west (ocean) side Beachwood Resorts Section 6. DOMESTIC WATER SUPPLY SYSTEM INFORMATION Complete A or B, and C below B.) Municipal Water Systems only A.) Domestic Water Systems only (defined under RCW 90.03.015) Projected number of connections to be served: Present population to be served water: 40 (SEASONAL) Estimate future population to be served: **SO (SEASONAL)** (20 year projection) Type of connections: (e.g., home, recreational cabin) C.) Water System Planning Do you have a Water System Plan approved by the Washington State Department of Health, Drinking Water Division? YES NO If yes, date plan was approved_ Water System Number: HARVEY AND JANE GOLLINS Are you within the service area of an existing water system? YES NO If yes, explain why you are unable to connect to the system: Section 7. IRRIGATION/STOCKWATER/OTHER FARM USES (NOT APPLICABLE) Irrigation Total number of acres requested to be irrigated under this application = NOTE: Outline the area to be irrigated on your attached map. Stockwater List number and kind of stock: Is the proposed project for a dairy farm? \square YES \square NO Other Proposed Farm Uses Describe all proposed uses: _

Section 5. WATER SYSTEM DESCRIPTION

Section 11. REQUIRED SIGNATURES

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though the employees of the Department of Ecology may have assisted me in the preparation of the above application, all responsibility for the accuracy of the information rests with me, the applicant.

		- / / -
STEVEN P. MORTA, P.	E. Slever Ntown	1/11/100
Print Name	Signature	Date
(Applicant or authorized representative)	1 11 11 11 .	111-
Herrey Golling	John Johns	1/17/08
Print Name	Signature	Date
(Landowner of Place of Use)	37 O W.	1 1
Jana Gollins	Jane Coopy	1/1/08
Print Name	Signature	Date
(Landowner of Place of Use)		
Print Name	Signature	Date
(Landowner of Place of Use)		
Submit your application to DEPARTMEN	AT OF ECOLOGY	

CASHIERING SECTION

PO BOX 5128

LACEY WA 98509-5128

Please check the region in which your proposed project is located. Southwest Northwest Central Eastern

Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application, contact the Water Resources program at the regional office in which your project is located.



Southwest Regional Office: 360-407-6300 Northwest Regional Office: 425-649-7000 Central Regional Office: 509-575-2490 Eastern Regional Office: 509-329-3400